

**CEDARR Program**

Local Code	Local Code Description	MOD	National Code	National Code Description	MOD 1	MOD 2
	<b>Enhanced Services</b>					
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES		H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES		
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM		H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM		
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	HQ	H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	HQ	
H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES		H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES		
H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	JC	H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	HM	
H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	JC	H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	HN	
H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	JD	H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	HO	
H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	JD	H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	HP	
	<b>Specialty Evaluations</b>					
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE		99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE		
X0097	FAMILY THERAPY W/CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS		<b>90847</b>	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	HP	
X0101	CHILD PSYCHIATRIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT- 60-90 MINUTES		90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM		
X0105	CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES		90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	HP	
X0109	CHILD MENTAL HEALTH SW,NP, MFT, LICENSED MENTAL HEALTH COUNSELOR, INDIVIDUAL DIAG. INTERVIEW W/ REPORT 60-90		H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	<b>AJ or HO or TD</b>	
X0109	CHILD MENTAL HEALTH SW,NP, MFT, LICENSED MENTAL HEALTH COUNSELOR, INDIVIDUAL DIAG. INTERVIEW W/ REPORT 60-90		H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	TD	
X0201	PHYSICAL THERAPY (PT) EVALUATION		97001	PHYSICAL THERAPY EVALUATION		
X0205	OCCUPATIONAL THERAPY (OT) EVALUATION		97003	OCCUPATIONAL THERAPY EVALUATION		

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X0209	SPEECH, HEARING, & LANGUAGE (SHL) THERAPY EVALUATION		92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL REHABILITATION STATUS		
X0243	ASSESSMENT: SIMPLE - EARLY INTERVENTION (FOR COMPLEX ASSESSMENT USE MODIFIER 22)		H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	HT	
X0316	SUBSTANCE ABUSE COUNSELING SERVICES - INITIAL ASSESSMENT 60 - 90 MINUTE VISIT		H0001	ALCOHOL AND/OR DRUG ASSESSMENT		
	<b>CEDARR Services</b>					
X0180	INITIAL FAMILY ASSESMENT AND BASIC SERVICE SUPPORTS CEDARRS- HALF HOUR UNITS		T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED		
X0180	INITIAL FAMILY ASSESMENT AND BASIC SERVICE SUPPORTS CEDARRS- HALF HOUR UNITS	JC	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	HM	
X0180	INITIAL FAMILY ASSESMENT AND BASIC SERVICE SUPPORTS CEDARRS- HALF HOUR UNITS	JC	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	HN	
X0180	INITIAL FAMILY ASSESMENT AND BASIC SERVICE SUPPORTS CEDARRS- HALF HOUR UNITS	JD	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	HO	
X0180	INITIAL FAMILY ASSESMENT AND BASIC SERVICE SUPPORTS CEDARRS- HALF HOUR UNITS	JD	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	HP	
X0181	FAMILY CARE PLAN DEVELOPMENT-CEDARRS/ HALF HOUR UNITS		H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION		
X0181	FAMILY CARE PLAN DEVELOPMENT-CEDARRS/ HALF HOUR UNITS	JC	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	HM	
X0181	FAMILY CARE PLAN DEVELOPMENT-CEDARRS/ HALF HOUR UNITS	JC	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	HN	
X0181	FAMILY CARE PLAN DEVELOPMENT-CEDARRS/ HALF HOUR UNITS	JD	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	HO	
X0181	FAMILY CARE PLAN DEVELOPMENT-CEDARRS/ HALF HOUR UNITS	JD	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	HP	
X0182	CRISIS INTERVENTION - 15 MINUTES-CEDARRS		H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES		
X0183	FAMILY CARE COORDINATION ASSISTANCE - CEDARRS		H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES		
X0183	FAMILY CARE COORDINATION ASSISTANCE - CEDARRS	JC	H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	HM	
X0183	FAMILY CARE COORDINATION ASSISTANCE - CEDARRS	JC	H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	HN	

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X0183	FAMILY CARE COORDINATION ASSISTANCE - CEDARRS	JD	H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	HO	
X0183	FAMILY CARE COORDINATION ASSISTANCE - CEDARRS	JD	H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	HP	
X0184	FAMILY CARE PLAN REVIEW AND REVISION - CEDARRS- HALF HOUR UNITS		H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	TS	
X0184	FAMILY CARE PLAN REVIEW AND REVISION - CEDARRS- HALF HOUR UNITS	JC	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	TS	HM
X0184	FAMILY CARE PLAN REVIEW AND REVISION - CEDARRS- HALF HOUR UNITS	JC	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	TS	HN
X0184	FAMILY CARE PLAN REVIEW AND REVISION - CEDARRS- HALF HOUR UNITS	JD	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	TS	HO
X0184	FAMILY CARE PLAN REVIEW AND REVISION - CEDARRS- HALF HOUR UNITS	JD	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	TS	HP
X0185	CASE RATE (MONTHLY) CEDARRS		T1016	CASE MANAGEMENT, EACH 15 MINUTES		
X0186	TREATMENT CONSULTATION - 15 MINUTES - CEDARR		99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEMENT OR FOR COORDINATING MEDICAL		
X0187	CEDARR LEAD CLINICAL SPECIALIST TREATMENT PLAN REVIEW PER 15 MINUTES		T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	TS	
X0188	TRANSPORTATION REIMBURSEMENT		T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP		

National Modifier Descriptions	
AJ	Clinical Social Worker
HN	Bachelors Degree
HM	Less than a Bachelors Degree
HO	Masters Degree
HP	Doctoral Degree
HQ	Group
AJ	Clinical Social Worker
TD	Registered Nurse
TS	Follow-up Service
HT	Multi-Disciplinary Team